

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041027

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

297

Primary Registration District No.

6022

Registrar's No.

149

STATE FILE NUMBER

FILED NOV 12 1963

1. PLACE OF DEATH

a. COUNTY

Ray

b. CITY (If outside corporate limits, give TOWNSHIP only)

Richmond township

Length of stay in 1b

1 day

c. FULL NAME OF (If NOT in hospital, give location)

Ray County Memorial Hosp.

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Clay

c. CITY

Kansas City North

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

508 E. 76th St. North

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

JESS

Middle

CLEVELAND

Last

ENDSLEY

4. DATE OF DEATH

Month

November

Day

4

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Widowed ☒

8. DATE OF BIRTH

8/19/1884

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

General farming

11. BIRTHPLACE (City and state or country)

Richmond, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Abraham D. Endsley

13b. MOTHER'S MAIDEN NAME

Martha Whiting

14. NAME OF HUSBAND OR WIFE

Anna Irons - dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

17. INFORMANT

508 E. 76th St. North,
Elmer Endsley, Kansas City North, Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Artery Occlusion

INTERVAL BETWEEN ONSET AND DEATH

sudden

Conditions, if any,
which gave rise to
above cause (a),
starting the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

10/11/63

to 11/4/63

and last saw him alive on

10/25/63

Death occurred at 5:50 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

Richmond, Mo.

22c. DATE SIGNED

11/6/1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Nov. 6, 1963

23c. NAME OF CEMETERY OR CREMATORY

Sunny Slope Cemetery

23d. LOCATION (City, town, or county)

Richmond, Mo.

(State)

24. FUNERAL DIRECTOR

Thurman Funeral Home, Richmond, Mo.

25. DATE RECD. BY LOCAL REG.

11/6/1963

26. REGISTRAR'S SIGNATURE

Mabel Jackson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 0890

2 6008

3 6042

4 0

5 2

6

7 1

8 2

9 420.1

10

11

12 1-1

13 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or XXX, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Levant Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.